

Race: (Circle all Applicable) Caucasian Black Hispanic Indian Asian Other

Gender: Male _____ Female _____

Marital status: _____ Number of children _____

Current foster parent? Yes ___ No ___ **If yes, with which agency?** _____

If no, were you ever a foster parent? Yes ___ No ___ **Adoptive parent?** Yes ___ No ___

Please indicate any potential conflicts of interest that you might have that the FCRO should be aware of. (Use an additional sheet if more room is needed).

Please list current and past volunteer activities (use an additional sheet if more room is needed).

Please list the name, address, phone number and **email address** (*preferred*) of two references.

1. _____

2. _____

Please write a short paragraph to explain why you would like to serve on a local review board.

Signature

Date

* Please be aware that not all applicants will be chosen to serve on a local board - *Pursuant to Neb Statutes*. Boards are to be well-rounded and diverse in terms of professions, age, gender, race and ethnicity. Vacancies are rare and will be filled based on the needs of the board from the pool of applicants received.

Foster Care Review Office
521 S. 14th Street, Suite 401
Lincoln, NE 68508-2707 - (402) 471-4420
Fax: 402-471-4437
Email: fcro.contact@nebraska.gov

FOR OFFICE USE ONLY:

Dates Documents Received _____

Application _____ Background Check _____ Confidentiality Statement _____

Training Completed: Three Parts:

Part I _____ Part II _____ Part III - Observe Board Meeting _____

Date appointed _____ Board Assigned _____